

<u>KEY</u> Care delivered: √ - Yes or X- No (record why not)



SSKIN Care Bundle example

NAME															
Frequency of care delivery (circle as appropriate)			2hr	ly	3h	rly	4ł	nrly							
Date															
Time - (record using 24 Hour Clock)															
Sur	face														
Mattress appropriate (please state)															
Cushion appropriate (please state)															
Functionality/integrity check of equipment performed															
<mark>S</mark> ki	n Inspection														
All pressure areas checked															
Redness present Y/N															
Kee	ep moving				-								-	 	
В	Right side														
E D	Left side														
	Back														
CHAIR															
Inc	ontinence														
Urine															
Bowels															
Nut	trition														
Diet (please state)															
Fluids (please state)															
Supplement(s) (pelase state)															
Initials															